

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name

Governor's Office

Division, Department, or Region (if applicable)

California Volunteers

Street Address

State Capitol, Sacramento, CA 95814

Area Code/Phone Number

(916) 445-0873

E-mail

Agency Contact (name and title)

Dan Maguire, Deputy Legal Affairs Secretary

Date Stamp

California Form 801

For Official Use Only

☐ Amendment (explain in comment section)

Date of Original Filing: (month, day, year)

2. Donor Name and Address

☐ Individual

Last Name

First Name

☒ Other

Blu Line Media

Name

1837 Midvale Avenue, Suite 103

Los Angeles

CA

90025

Address

City

State

Zip Code

Outdoor advertising

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift:

Name	\$	Amount	Name	\$	Amount
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3. Payment Information

Date and Amount of Payment (other than travel)

01 12 09

(month, day, year)

\$

179,500

(Round to whole dollars)

Travel Payment Information (Round to whole dollars)

Location of Travel

Date(s) of Travel	\$	Transportation Expenses	\$	Lodging Expenses	\$	Meal Expenses	\$	Other Expenses	\$	Total Expenses
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Provide a specific description of the nature and use of the payment for official agency business:

Starting January 12, 2009 and continuing until May 18, 2009, Blu Line Media began donating advertising space on buses for California Volunteers.

Identify the officials for whom the payment was used:

not applicable

Last Name	First Name	Title	Department/Division
Last Name	First Name	Title	Department/Division

4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.

Signature of Agency Head or Designee

Susan Kennedy

Print Name

Chief of Staff

Title

2/11/09
(month, day, year)

Comment: (Use this space or an attachment for any additional information.)